

**CHARGES AND SPECIFICATIONS**

PD468-121 (Rev.1-02)-Pent

Date
July 29, 2015

Command 103 ^d Precinct/103	Serial No. CCRB No. 201408246	I.A.B. Log No. 2015-22485	I.A.B. Member Notified Sgt. Martinez Tax No. 928718	Department Advocate's Office Serial Number 2015-13885
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TO THE POLICE COMMISSIONER:

I hereby CHARGE	Rank-Title	Surname	First Name	Initial	Shield No.	Tax Reg. No.
	PO	LOSCHIAVO	STEPHEN		06880	949225
Squad or Chart No.					Date Entered Dept.	
103 ^d Precinct / 103					July 06, 2010	
with VIOLATION OF DEPARTMENT REGULATIONS						

SPECIFICATIONS

in that:

1. Said Police Officer Stephen Loschiavo, on or about May 31st, 2014, at approximately 0644 hours, while assigned to the 103^d Precinct and on duty, in the vicinity of § 87(2)(b) § 87(2)(b) ■, Queens County, did wrongfully use force against § 87(2)(b) § 87(2)(b) in that he slapped Ricardo Narainsingh in the back of the head, without police necessity.

PG 203-11 – USE OF FORCE

Vivian Cedeno

Deputy Chief of the Administrative Prosecution Unit
New York City Civilian Complaint Review Board

Date

7/29/15

1st ENDORSEMENT

Executive Director Mina Malik of the Civilian Complaint Review Board to the Police Commissioner, July 29, 2015. I concur with the issuance of charges and specifications.


 Mina Malik
 Executive Director
 New York City Civilian Complaint Review Board

INSTRUCTIONS FOR SERVICE OF CHARGES AND SPECIFICATIONS

1. Respondent will sign and complete where appropriate:
 - a. original charges and specifications
 - b. vacation and military leave form
 - c. two (2) copies of instructions and receipt of charges and specifications
 - d. agreement to accept service of notice form (when requested in suspension cases only).
2. Respondent will receive:
 - a. one (1) copy of charges and specifications
 - b. one (1) copy of instructions and receipt of charges and specifications form

ACKNOWLEDGEMENT OF SERVICE

I acknowledge due personal service on me of the within Charges and Specifications and notice of Hearing, this ____ day of _____, 20____ at _____ AM/PM.

WITNESS

RESPONDENT

(Rank
Title)

(Signature)

(Rank Title)

(Signature)

DATE STAMP

D.A.O.

(Out)

CMD PREFER C&S

(In)

(Out)

HIGHER COMMAND

(In)

(Out)

D.A.O.

(In)